

INDIVIDUAL RECOGNITION

Application For Consideration

NOTE: Please give complete information, including occupations(s) of individual and the total number of years without a lost time injury.

Name and Occupation of Miner recommended for award:

Name of Employer: _____

Address: _____

Virginia Mine Index No. _____ **MSHA I.D. No.** _____

Individual Categories: (Indicate One)

- ☐ **Individual working 30 Years or longer without a lost time injury**
- ☐ **Individual working 20 Years or longer without a lost time injury**
- ☐ **Individual working 10 Years or longer without a lost time injury**
- ☐ **An underground mine working five consecutive years without a lost time injury; all miners will be recognized with a plaque.**
- ☐ **A surface operation working ten consecutive years without a lost time injury; all miners will be recognized with a plaque.**

NOTE: Individuals may receive only one safety award within each category

Period of time worked by miner. (Give dates and locations worked and account for required time within category applied for.)

Person Completing Application _____

Signature

Title

Date

Telephone

Application Deadline
March 30, 2007

VIRGINIA COAL MINE SAFETY AWARD

Application For Consideration

Calendar Year _____

Category (Indicate One):

☐ Large Underground

☐ Large Surface

☐ Small Underground

☐ Small Surface

Company Name: _____

Mailing

Address: _____

Name or Number
of Mine, Unit, Crew, etc. _____

Virginia Mine Index No. _____ MSHA I.D. No. _____

Average Number of Employees During Year: _____

Total Employee-hours Worked
(Do Not Include Clerical or Office Workers): _____

Number of Days Worked During Year: _____

Number of Lost Time Accidents: _____ NFDL Rate: _____

I hereby certify that the information submitted on this application is correct to the best of my knowledge.

Person Completing Application _____

Signature

Title

Date

Application Deadline
March 30, 2007

Telephone